



PROVIDER FREQUENTLY ASKED QUESTIONS

(As of July 1, 2005)

Provider Enrollment/Participation

- 1. I am currently a contracted provider. Am I required to sign a new agreement and will I receive a new provider number?**

Most providers currently contracted with DMAS will be grandfathered into the *Smiles For Children* network and will not be required to sign a restated agreement. These providers will receive a Doral provider number. Providers currently contracted with Doral are required to sign a restated agreement. These providers will retain their current Doral provider number. Providers that are not currently contracted with either DMAS or Doral will be required to complete the streamlined credentialing process and sign an agreement. Upon completion of the credentialing process, the provider will receive a Doral provider number.

- 2. If I do not have a Doral provider ID number, how do I obtain one?**

Doral will send the Doral Provider ID to all current providers. If you have questions or concerns call provider relations at 1-800-341-8478.

- 3. As a private practitioner, if I join the network, will I be required to accept all types of patients and/or a specific number of patients?**

Doral encourages provider participation at several different levels. Doral's patient referral database allows providers to clearly define the practice type (adult only, children only, adults and children) and how many patients they can handle. Doral will only make referrals to the provider in accordance with the provider's practice profile.

- 4. What does Doral plan to do to increase the number of specialists that participate in the network?**

Doral has already begun statewide recruitment of all types of licensed dentists. Doral's strategy for recruitment includes a continuous cycle of recruitment that consists of mailings, phone calls, one-on-one office visits; provider champions who will team up with Doral to assist in recruiting peers in their community; and word of mouth recruitment through site meetings, dental association and society functions and other such venues. Doral has also hired a Provider Relations Representative to serve as a direct contact and resource to providers and to assist in recruiting and retaining providers in the network.



Billing/Submitting Claims

5. Will Doral accept all ADA claim forms?

Yes, Doral accepts all ADA claim forms as long as the required information (e.g. Member name, identification number, date of birth, provider name, date of service, dental codes, etc.) is available on the form.

6. Do I forward claims to the appropriate MCO or DMAS?

All claims for covered pediatric dental services (D codes) and medically necessary oral surgery for adults for dates of service on and after July 1, 2005 for the ***Smiles For Children*** dental program should be forward to Doral Dental at the address listed in the Office Reference Manual.

7. Where should I mail my claims?

Claims should be mailed to the following address:

Doral Dental USA, LLC- VA Claims
12121 N. Corporate Parkway
Mequon, WI 53092

8. What formats for claim submission are accepted by Doral?

Doral receives dental claims in four possible formats. These formats include:

- Electronic claims via Doral's website (www.doralusa.com)
- Electronic submission via clearinghouses
- HIPAA Compliant 837D File
- Paper claims

9. Which provider number do I use when submitting dental claims?

Use the Doral issued provider number when submitting dental claims. (*Note: Some oral surgery services fall under the member's medical coverage. Medical claims should be sent to the medical payer where the individual is enrolled, e.g., DMAS fee-for-service or the managed care organization (MCO). For fee-for-service medical claims, dental providers should use the DMAS issued provider ID number.*)



10. What is the process for submitting claims electronically through Doral's Internet website?

To submit claims via the website:

- Log on to www.doralusa.com.
- Click on "Doral Dental USA",
- Then click on "For Providers Only."
- Log in using your password and ID

Note: First time users will have to register by utilizing their Doral 6 digit Location ID prior to logging in.

- Once logged in, select "enter a claim now"
- Enter the Member's applicable information in the field provided.
Note: It is NOT necessary to enter the Member's last name and/or first initial; only the identification number, date of birth, and date of service are required.
- Next you will click on the word "before" that appears below the Member's DOB field to verify eligibility and populate the name fields automatically.
- Once this information is generated you may now begin to enter the claim line detail to complete the submission.

11. What is the process for submitting claims to Doral via the Clearinghouse?

Doral's current relationship with Affiliated Network Services (ANS) offers **FREE** transmission for ALL Doral Dental claims. You can obtain more information regarding this arrangement by contacting ANS at 800.417.6693, extension 234. Additional clearinghouses may be added in the future. Contact your software vendor and make certain that they have Doral listed as a payer. Your software vendor will be able to provide you with any information you may need to ensure that submitted claims are forwarded to Doral. Doral's Payer ID is CX014.

12. What if I am unable to submit electronically via the Internet or a clearinghouse?

For Providers who are unable to submit electronically via the Internet or a clearinghouse, Doral will, on a case by case basis, work with the Provider to receive their claims electronically via a HIPAA Compliant 837D file from the Provider's practice management system. Please contact Doral's Systems Operations Department at 888.560.8135 or via e-mail at operations@doralusa.com to inquire about this option for electronic claim submission.



13. How are FQHCs reimbursed?

Doral will pay all dental providers for dental services according to the new fee schedule implemented July 1, 2005. To receive the wrap around payment, FSHCs/RHCs need to submit quarterly reports, for both children enrolled in MCOs **and** children enrolled in FFS, to DMAS' consultant, Clifton Gunderson. The dental report must be kept separate from the FQHC/RHC medical report. For questions about the wraparound payment process, contact Clifton Gunderson at 1-804-270-2200.

14. How often will providers be reimbursed?

Doral will reimburse claims once the claim has been adjudicated and funds for the claim are released by DMAS. It is expected that on average claims should be reimbursed within 2 weeks and no longer than 30 days of being adjudicated.

15. Is there still a copay for dental services?

Effective July 1, 2005, no copay applies to dental services performed under the *Smiles For Children* program.

Information/Resources for Providers

16. What type of information can be accessed using the Doral website?

Providers have access to several helpful options including:

- Member eligibility verification
- Member treatment history
- Claims submission
- Claim status
- Claim tracking reports



Recipient/Member Eligibility and Appointments

17. How do I know if the enrollee is eligible to receive dental benefits?

All Medicaid, FAMIS, and FAMIS Plus clients will be in ONE dental benefit plan. All clients should have a DMAS issued blue and white plastic eligibility card or the ID card issued by the MCO for eligibility verification purposes. Providers have the option of verifying eligibility through Doral or through DMAS.

Through Doral, providers may access recipient eligibility information through Doral's Interactive Voice Response (IVR) system by calling 1-888-912-3456 or online through the "Providers Only" section of Doral's website at www.doralusa.com. Both options are available 24 hours per day/7 days per week at no cost to the provider.

18. What will happen if the eligibility status changes in the middle of providing treatment?

The Smiles For Children program provides reimbursement for services performed on enrollees who are covered under the program. As long as the enrollee was eligible when services under the procedure code to be billed was started, the provider will be reimbursed.

Enrollee eligibility is updated on the first of each month. An enrollee eligible for coverage at the start of the month is eligible through the end of the month. Providers are encouraged to verify eligibility at the time that services are rendered.

19. Will eligible Medicaid, FAMIS/FAMIS Plus members receive new ID cards?

No, recipients will still use their Commonwealth of Virginia (blue and white) plastic identification card or the ID issued by the MCO. Please see the Office Reference Manual for a listing of the MCOs.

20. What number will Doral use as the member ID number?

Doral will use the 12-digit Medicaid number as the member ID number.

21. Which members receive appointment assistance from Doral?

Doral's Member Placement Specialists will provide assistance with making an appointment to any member who calls Doral seeking help with a locating a provider.



22. What does Doral plan to do to help with excessive broken appointments?

For members that seek assistance to a provider using Doral's Member Placement Specialist staff, Doral will place a reminder call to the member prior to the appointment. Additionally, Doral has hired an Outreach Coordinator. The Outreach Coordinator is responsible for developing strategies aimed at increasing dental access in Virginia, implementing member outreach and education programs, and establishing community relationships that provide for participation in health care initiatives and programs to create dental awareness. Providers may contact Doral for assistance with problem patients.

Specific Services Issues

23. What approval criteria will be used to determine the need for full banded orthodontic treatment?

Assessment of the degree of permanent dentition malocclusion will continue to be determined using the Salzmann Evaluation Method. Periodically, criteria are reviewed. During the review process, feedback from the Dental Advisory Committee is solicited.

24. How will the orthodontic claims be paid?

Claims will be paid based on the following schedule: 40% of the total at banding and three additional payments each of 20% of the total paid over the following 3 quarters.

25. Can a general dentist perform and receive reimbursement for orthodontic services?

Orthodontic services performed by a general dentist are eligible for reimbursement as long as the provider has obtained the appropriate authorization prior to performing the services. If providing treatment, it is expected that the general dentist has received some recognized orthodontic training courses.

26. What is the *Smiles For Children* authorization policy for Operating Room (OR) cases?

All operating room (OR) cases must be prior-authorized. You should submit the prior authorization to Doral. Doral will serve as the central point of contact for the dental provider, medical facility, medical anesthesiologist, MCO, DMAS and any other required provider. Doral's dental director will review the case for medical necessity, and render an approval or denial of the services. Once Doral has approved the case, Doral will coordinate authorization for non-dental services (example: facility and anesthesia) with DMAS and the MCO as appropriate, within the MCO provider network. You may contact Doral for a list of participating hospitals and facilities.



27. Are there limitations around the timeframe that x-rays are considered acceptable?

Doral recommends that radiographic examinations be performed in accordance with the guidelines published by the Department of Health and Human Services, Center for Devices and Radiological Health Panel. These guidelines are listed in the Office Reference Manual.

28. Will Doral honor authorizations issued prior to July 1, 2005?

Yes, Doral will honor authorizations issued prior to July 1, 2005. DMAS has provided Doral with information regarding all authorizations including pending authorizations. Authorizations will be honored for 90 days following July 1, 2005. Authorizations in a pending status prior to July 1, 2005 will be loaded in Doral's system as pending and the provider will receive a new letter from Doral regarding the specifics of the case.

29; How can we get reimbursed if a patient needs to be sedated, even for a filling, because of behavioral problems?

In addition to being covered in conjunction with certain extensive or complex oral surgical procedures, general anesthesia and IV sedation may be covered in relation to certain medical conditions. These conditions include medical conditions which require monitoring, such as cardiac problems and severe hypertension; underlying hazardous medical condition, such as cerebral palsy, epilepsy, and mental retardation, which would render the patient non-compliant; documented failed sedation or a condition where severe periapical infection would render local anesthesia ineffective; and patients 3 years old and younger with extensive procedures to be accomplished.

General

30. What will be the involvement of the MCOs in the dental program?

Medical care and transportation coverage will continue to be provided by the MCOs. For members enrolled in an MCO, pre-authorization for facility and anesthesia services are obtained from the MCO. Doral will coordinate the authorization with the MCO. Claims for facility services and anesthesia services that are not performed by a dental provider are paid by the MCO.